

|                                 |   |                               |   |
|---------------------------------|---|-------------------------------|---|
| <i>SERFF Tracking Number:</i>   | <i>EWLE-128322484</i>                       | <i>State:</i>                 | <i>Arkansas</i>   |
| <i>Filing Company:</i>          | <i>American Home Life Insurance Company</i> | <i>State Tracking Number:</i> |   |
| <i>Company Tracking Number:</i> |   |                               |   |
| <i>TOI:</i>                     | <i>L07I Individual Life - Whole</i>         | <i>Sub-TOI:</i>               | <i>L07I.101 Fixed/Indeterminate Premium - Single Life</i> |
| <i>Product Name:</i>            | <i>Revised Schedule Pagtes</i>              |                               |   |
| <i>Project Name/Number:</i>     | <i>/</i>                                    |                               |   |

## Filing at a Glance

Company: American Home Life Insurance Company

Product Name: Revised Schedule Pagtes

SERFF Tr Num: EWLE-128322484 State: Arkansas

TOI: L07I Individual Life - Whole

SERFF Status: Closed-Approved-  
Closed

Sub-TOI: L07I.101 Fixed/Indeterminate  
Premium - Single Life

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Author: Suzanne Heasley  
Date Submitted: 05/01/2012

Reviewer(s): Linda Bird  
Disposition Date: 05/08/2012  
Disposition Status: Approved-  
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type:

Submission Type:

Overall Rate Impact:

Filing Status Changed: 05/08/2012

State Status Changed: 05/08/2012

Deemer Date:

Created By: Suzanne Heasley

Submitted By: Suzanne Heasley

Corresponding Filing Tracking Number:

Filing Description:

See attached submission letter.

State Narrative:

## Company and Contact

### Filing Contact Information

Suzanne Heasley, Compliance  
2325 Havard Oak Drive

sheasley@lewisellis.com  
972-398-3733 [Phone]

SERFF Tracking Number: EWLE-128322484 State: Arkansas

Filing Company: American Home Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Revised Schedule Pagtes

Project Name/Number: /

Plano, TX 75074

### Filing Company Information

(This filing was made by a third party - lewisandellisincorporated3)

|                                      |                         |                             |
|--------------------------------------|-------------------------|-----------------------------|
| American Home Life Insurance Company | CoCode: 83860           | State of Domicile: Arkansas |
| 1920 North Main Street               | Group Code:             | Company Type:               |
| North Little Rock, AR 72114          | Group Name:             | State ID Number:            |
| (501) 758-1778 ext. [Phone]          | FEIN Number: 71-0359418 |                             |

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### Filing Fees

|                  |          |
|------------------|----------|
| Fee Required?    | Yes      |
| Fee Amount:      | \$150.00 |
| Retaliatory?     | No       |
| Fee Explanation: |          |
| Per Company:     | No       |

| COMPANY                              | AMOUNT   | DATE PROCESSED | TRANSACTION # |
|--------------------------------------|----------|----------------|---------------|
| American Home Life Insurance Company | \$150.00 | 05/01/2012     | 58829419      |

SERFF Tracking Number: EWLE-128322484 State: Arkansas  
Filing Company: American Home Life Insurance Company State Tracking Number:  
Company Tracking Number:  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: Revised Schedule Pagtes  
Project Name/Number: /

## Correspondence Summary

### Dispositions

| Status          | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 05/08/2012 | 05/08/2012     |

|                                 |   |                               |   |
|---------------------------------|---|-------------------------------|---|
| <i>SERFF Tracking Number:</i>   | <i>EWLE-128322484</i>                       | <i>State:</i>                 | <i>Arkansas</i>   |
| <i>Filing Company:</i>          | <i>American Home Life Insurance Company</i> | <i>State Tracking Number:</i> |   |
| <i>Company Tracking Number:</i> |   |                               |   |
| <i>TOI:</i>                     | <i>L071 Individual Life - Whole</i>         | <i>Sub-TOI:</i>               | <i>L071.101 Fixed/Indeterminate Premium - Single Life</i> |
| <i>Product Name:</i>            | <i>Revised Schedule Pagtes</i>              |                               |   |
| <i>Project Name/Number:</i>     | <i>/</i>                                    |                               |   |

## Disposition

Disposition Date: 05/08/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: EWLE-128322484 State: Arkansas

Filing Company: American Home Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Revised Schedule Pages

Project Name/Number: /

| Schedule            | Schedule Item                     | Schedule Item Status | Public Access |
|---------------------|-----------------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification              |                      | Yes           |
| Supporting Document | Application                       |                      | Yes           |
| Supporting Document | Life & Annuity - Acturial Memo    |                      | No            |
| Supporting Document | Authorization to file             |                      | Yes           |
| Supporting Document | Submission Letter                 |                      | Yes           |
| Supporting Document | Arkansas Compliance Certification |                      | Yes           |
| Form                | Revised Schedule pages            |                      | Yes           |
| Form                | Revised Schedule Pages            |                      | Yes           |
| Form                | application                       |                      | Yes           |

SERFF Tracking Number: EWLE-128322484 State: Arkansas

Filing Company: American Home Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Revised Schedule Pagtes

Project Name/Number: /

## Form Schedule

### Lead Form Number:

| Schedule Item Status | Form Number          | Form Type                    | Form Name              | Action  | Action Specific Data | Readability | Attachment                           |
|----------------------|----------------------|------------------------------|------------------------|---------|----------------------|-------------|--------------------------------------|
|                      | 209-1-12 (REV 04/12) | Schedule Pages               | Revised Schedule pages | Initial |                      |             | 209-1-12 (Rev 0412) 3 years 001.pdf  |
|                      |                      |                              |                        |         |                      |             | 209-1-12 (Rev 0412) 5 years 001.pdf  |
|                      |                      |                              |                        |         |                      |             | 209-1-12 (Rev 0412) 7 years 001.pdf  |
|                      |                      |                              |                        |         |                      |             | 209-1-12 (Rev 0412) 10 years 001.pdf |
|                      | 208-2-10 (REV 04/12) | Schedule Pages               | Revised Schedule Pages | Initial |                      |             | 208-2-10 (Rev 0412) 3 years 001.pdf  |
|                      |                      |                              |                        |         |                      |             | 208-2-10 (Rev 0412) 5 years 001.pdf  |
|                      |                      |                              |                        |         |                      |             | 208-2-10 (Rev 0412) 7 years 001.pdf  |
|                      |                      |                              |                        |         |                      |             | 208-2-10 (Rev 0412) single 001.pdf   |
|                      |                      |                              |                        |         |                      |             | 208-2-10 (Rev 0412) 10 years 001.pdf |
|                      | A-107 04/2012        | Application/ Enrollment Form | application            | Initial |                      |             | Am. Home Life_Application for Life   |

|                                 |   |                               |   |
|---------------------------------|---|-------------------------------|---|
| <i>SERFF Tracking Number:</i>   | <i>EWLE-128322484</i>                       | <i>State:</i>                 | <i>Arkansas</i>   |
| <i>Filing Company:</i>          | <i>American Home Life Insurance Company</i> | <i>State Tracking Number:</i> |   |
| <i>Company Tracking Number:</i> |   |                               |   |
| <i>TOI:</i>                     | <i>L071 Individual Life - Whole</i>         | <i>Sub-TOI:</i>               | <i>L071.101 Fixed/Indeterminate Premium - Single Life</i> |
| <i>Product Name:</i>            | <i>Revised Schedule Pagtes</i>              |                               |   |
| <i>Project Name/Number:</i>     | <i>/</i>                                    |                               |   |

Ins.[1].pdf

# BENEFITS AND PREMIUMS

| INITIAL AMOUNT<br>AND BENEFIT | ANNUAL<br>PREMIUM | PREMIUM<br>PERIOD |
|-------------------------------|-------------------|-------------------|
| \$2,100 LIFE INSURANCE        | \$2,677.92        | 3 YEARS           |

A Policy fee of \$50.00 is included in the annual premium.

## GUARANTEED NONFORFEITURE VALUES:

Interest Rate: 4.5%

Mortality Table: 1980 CSO ALB Sex-Distinct

Values Method: Minimum Values - Standard Nonforfeiture Law

|                              |                        |
|------------------------------|------------------------|
| Insured: SALLY SMITH         | Policy Number: 705334  |
| Initial Face Amount: \$2,100 | Issue Age: 60          |
| Premium Class: STANDARD      | Policy Date: 4/20/12   |
| Annual Premium: \$2,677.92   | Date of Issue: 4/20/12 |



# TABLE OF POLICY VALUES

| POLICY<br>YEAR | INSURANCE<br>AMOUNT | CASH<br>VALUE | PAID-UP<br>INSURANCE |
|----------------|---------------------|---------------|----------------------|
| 1              | 2,100.00            | 950.04        | 2,177                |
| 2              | 4,900.00            | 2,354.66      | 5,229                |
| 3              | 7,000.00            | 3,812.62      | 7,175                |
| 4              | 7,175.00            | 3,943.38      | PAID-UP              |
| 5              | 7,354.38            | 4,075.19      | PAID-UP              |
| 6              | 7,537.85            | 4,207.63      | PAID-UP              |
| 7              | 7,725.43            | 4,340.42      | PAID-UP              |
| 8              | 7,918.13            | 4,473.28      | PAID-UP              |
| 9              | 8,115.95            | 4,605.72      | PAID-UP              |
| 10             | 8,317.88            | 4,736.90      | PAID-UP              |
| 11             | 8,317.88            | 4,870.18      | PAID-UP              |
| 12             | 8,317.88            | 5,004.65      | PAID-UP              |
| 13             | 8,317.88            | 5,139.26      | PAID-UP              |
| 14             | 8,317.88            | 5,273.03      | PAID-UP              |
| 15             | 8,317.88            | 5,405.26      | PAID-UP              |
| 16             | 8,317.88            | 5,535.53      | PAID-UP              |
| 17             | 8,317.88            | 5,663.84      | PAID-UP              |
| 18             | 8,317.88            | 5,790.47      | PAID-UP              |
| 19             | 8,317.88            | 5,915.56      | PAID-UP              |
| 20             | 8,317.88            | 6,039.04      | PAID-UP              |
| 21             | 8,317.88            | 6,160.21      | PAID-UP              |
| 22             | 8,317.88            | 6,278.51      | PAID-UP              |
| 23             | 8,317.88            | 6,392.82      | PAID-UP              |
| 24             | 8,317.88            | 6,502.44      | PAID-UP              |
| 25             | 8,317.88            | 6,607.23      | PAID-UP              |

Coverage increases as shown under insurance amount. Subsequent increases may be approved by The Company Board of Directors.

BENEFITS AND PREMIUMS

| INITIAL AMOUNT<br>AND BENEFIT | ANNUAL<br>PREMIUM | PREMIUM<br>PERIOD |
|-------------------------------|-------------------|-------------------|
| \$2,100 LIFE INSURANCE        | \$1,833.72        | 5 YEARS           |

A Policy fee of \$50.00 is included in the annual premium.

GUARANTEED NONFORFEITURE VALUES:

|                  |   |
|------------------|---|
| Interest Rate:   | 4.5%  |
| Mortality Table: | 1980 CSO ALB Sex-Distinct                   |
| Values Method:   | Minimum Values - Standard Nonforfeiture Law |

|                              |                |         |
|------------------------------|----------------|---------|
| Insured: SALLY SMITH         | Policy Number: | 703552  |
| Initial Face Amount: \$2,100 | Issue Age:     | 60      |
| Premium Class: STANDARD      | Policy Date:   | 4/20/12 |
| Annual Premium: \$1,833.72   | Date of Issue: | 4/20/12 |

# TABLE OF POLICY VALUES

| POLICY<br>YEAR | INSURANCE<br>AMOUNT | CASH<br>VALUE | PAID-UP<br>INSURANCE |
|----------------|---------------------|---------------|----------------------|
| 1              | 2,100.00            | 435.12        | 1,001                |
| 2              | 4,900.00            | 1,295.49      | 2,877                |
| 3              | 7,000.00            | 2,177.14      | 4,690                |
| 4              | 7,175.00            | 3,102.47      | 6,482                |
| 5              | 7,354.38            | 4,075.19      | 7,539                |
| 6              | 7,537.85            | 4,207.63      | PAID-UP              |
| 7              | 7,725.43            | 4,340.42      | PAID-UP              |
| 8              | 7,918.13            | 4,473.28      | PAID-UP              |
| 9              | 8,115.95            | 4,605.72      | PAID-UP              |
| 10             | 8,317.88            | 4,736.90      | PAID-UP              |
| 11             | 8,317.88            | 4,870.18      | PAID-UP              |
| 12             | 8,317.88            | 5,004.65      | PAID-UP              |
| 13             | 8,317.88            | 5,139.26      | PAID-UP              |
| 14             | 8,317.88            | 5,273.03      | PAID-UP              |
| 15             | 8,317.88            | 5,405.26      | PAID-UP              |
| 16             | 8,317.88            | 5,535.53      | PAID-UP              |
| 17             | 8,317.88            | 5,663.84      | PAID-UP              |
| 18             | 8,317.88            | 5,790.47      | PAID-UP              |
| 19             | 8,317.88            | 5,915.56      | PAID-UP              |
| 20             | 8,317.88            | 6,039.04      | PAID-UP              |
| 21             | 8,317.88            | 6,160.21      | PAID-UP              |
| 22             | 8,317.88            | 6,278.51      | PAID-UP              |
| 23             | 8,317.88            | 6,392.82      | PAID-UP              |
| 24             | 8,317.88            | 6,502.44      | PAID-UP              |
| 25             | 8,317.88            | 6,607.23      | PAID-UP              |

Coverage increases as shown under insurance amount. Subsequent increases may be approved by The Company Board of Directors.

BENEFITS AND PREMIUMS

| INITIAL AMOUNT<br>AND BENEFIT | ANNUAL<br>PREMIUM | PREMIUM<br>PERIOD |
|-------------------------------|-------------------|-------------------|
| \$2,100 LIFE INSURANCE        | \$1,569.96        | 7 YEARS           |

A Policy fee of \$50.00 is included in the annual premium.

GUARANTEED NONFORFEITURE VALUES:

|                  |   |
|------------------|---|
| Interest Rate:   | 4.5%  |
| Mortality Table: | 1980 CSO ALB Sex-Distinct                   |
| Values Method:   | Minimum Values - Standard Nonforfeiture Law |

|                              |                |         |
|------------------------------|----------------|---------|
| Insured: SALLY SMITH         | Policy Number: | 705336  |
| Initial Face Amount: \$2,100 | Issue Age:     | 60      |
| Premium Class: STANDARD      | Policy Date:   | 4/20/12 |
| Annual Premium: \$1,569.96   | Date of Issue: | 4/20/12 |

# TABLE OF POLICY VALUES

| POLICY<br>YEAR | INSURANCE<br>AMOUNT | CASH<br>VALUE | PAID-UP<br>INSURANCE |
|----------------|---------------------|---------------|----------------------|
| 1              | 2,100.00            | 216.51        | 497                  |
| 2              | 4,900.00            | 845.74        | 1,883                |
| 3              | 7,000.00            | 1,482.67      | 3,192                |
| 4              | 7,175.00            | 2,148.16      | 4,487                |
| 5              | 7,354.38            | 2,844.31      | 5,768                |
| 6              | 7,537.85            | 3,573.92      | 7,042                |
| 7              | 7,725.43            | 4,340.42      | 7,924                |
| 8              | 7,918.13            | 4,473.28      | PAID-UP              |
| 9              | 8,115.95            | 4,605.72      | PAID-UP              |
| 10             | 8,317.88            | 4,736.90      | PAID-UP              |
| 11             | 8,317.88            | 4,870.18      | PAID-UP              |
| 12             | 8,317.88            | 5,004.65      | PAID-UP              |
| 13             | 8,317.88            | 5,139.26      | PAID-UP              |
| 14             | 8,317.88            | 5,273.03      | PAID-UP              |
| 15             | 8,317.88            | 5,405.26      | PAID-UP              |
| 16             | 8,317.88            | 5,535.53      | PAID-UP              |
| 17             | 8,317.88            | 5,663.84      | PAID-UP              |
| 18             | 8,317.88            | 5,790.47      | PAID-UP              |
| 19             | 8,317.88            | 5,915.56      | PAID-UP              |
| 20             | 8,317.88            | 6,039.04      | PAID-UP              |
| 21             | 8,317.88            | 6,160.21      | PAID-UP              |
| 22             | 8,317.88            | 6,278.51      | PAID-UP              |
| 23             | 8,317.88            | 6,392.82      | PAID-UP              |
| 24             | 8,317.88            | 6,502.44      | PAID-UP              |
| 25             | 8,317.88            | 6,607.23      | PAID-UP              |

Coverage increases as shown under insurance amount. Subsequent increases may be approved by The Company Board of Directors.

BENEFITS AND PREMIUMS

| INITIAL AMOUNT<br>AND BENEFIT | ANNUAL<br>PREMIUM | PREMIUM<br>PERIOD |
|-------------------------------|-------------------|-------------------|
| \$2,100 LIFE INSURANCE        | \$1,202.04        | 10 YEARS          |

A Policy fee of \$50.00 is included in the annual premium.

GUARANTEED NONFORFEITURE VALUES:

|                  |   |
|------------------|---|
| Interest Rate:   | 4.5%  |
| Mortality Table: | 1980 CSO ALB Sex-Distinct                   |
| Values Method:   | Minimum Values - Standard Nonforfeiture Law |

|                              |                |         |
|------------------------------|----------------|---------|
| Insured: SALLY SMITH         | Policy Number: | 703534  |
| Initial Face Amount: \$2,100 | Issue Age:     | 60      |
| Premium Class: STANDARD      | Policy Date:   | 4/20/12 |
| Annual Premium: \$1,202.04   | Date of Issue: | 4/20/12 |

# TABLE OF POLICY VALUES

| POLICY<br>YEAR | INSURANCE<br>AMOUNT | CASH<br>VALUE | PAID-UP<br>INSURANCE |
|----------------|---------------------|---------------|----------------------|
| 1              | 2,100.00            | 55.37         | 133                  |
| 2              | 4,900.00            | 514.36        | 1,148                |
| 3              | 7,000.00            | 970.97        | 2,093                |
| 4              | 7,175.00            | 1,445.08      | 3,024                |
| 5              | 7,354.38            | 1,937.39      | 3,934                |
| 6              | 7,537.85            | 2,449.51      | 4,823                |
| 7              | 7,725.43            | 2,983.19      | 5,712                |
| 8              | 7,918.13            | 3,540.81      | 6,587                |
| 9              | 8,115.95            | 4,124.68      | 7,455                |
| 10             | 8,317.88            | 4,736.90      | 8,323                |
| 11             | 8,317.88            | 4,870.18      | PAID-UP              |
| 12             | 8,317.88            | 5,004.65      | PAID-UP              |
| 13             | 8,317.88            | 5,139.26      | PAID-UP              |
| 14             | 8,317.88            | 5,273.03      | PAID-UP              |
| 15             | 8,317.88            | 5,405.26      | PAID-UP              |
| 16             | 8,317.88            | 5,535.53      | PAID-UP              |
| 17             | 8,317.88            | 5,663.84      | PAID-UP              |
| 18             | 8,317.88            | 5,790.47      | PAID-UP              |
| 19             | 8,317.88            | 5,915.56      | PAID-UP              |
| 20             | 8,317.88            | 6,039.04      | PAID-UP              |
| 21             | 8,317.88            | 6,160.21      | PAID-UP              |
| 22             | 8,317.88            | 6,278.51      | PAID-UP              |
| 23             | 8,317.88            | 6,392.82      | PAID-UP              |
| 24             | 8,317.88            | 6,502.44      | PAID-UP              |
| 25             | 8,317.88            | 6,607.23      | PAID-UP              |

Coverage increases as shown under insurance amount. Subsequent increases may be approved by The Company Board of Directors.

BENEFITS AND PREMIUMS

| INITIAL AMOUNT<br>AND BENEFIT | ANNUAL<br>PREMIUM | PREMIUM<br>PERIOD |
|-------------------------------|-------------------|-------------------|
| \$7,000 LIFE INSURANCE        | \$2,677.92        | 3 YEARS           |

A Policy fee of \$50.00 is included in the annual premium.

GUARANTEED NONFORFEITURE VALUES:

|                  |   |
|------------------|---|
| Interest Rate:   | 4.5%  |
| Mortality Table: | 1980 CSO ALB Sex-Distinct                   |
| Values Method:   | Minimum Values - Standard Nonforfeiture Law |

|                              |                |         |
|------------------------------|----------------|---------|
| Insured: SALLY SMITH         | Policy Number: | 703219  |
| Initial Face Amount: \$7,000 | Issue Age:     | 60      |
| Premium Class: STANDARD      | Policy Date:   | 4/20/12 |
| Annual Premium: \$2,677.92   | Date of Issue: | 4/20/12 |



TABLE OF POLICY VALUES

| POLICY<br>YEAR | INSURANCE<br>AMOUNT | CASH<br>VALUE | PAID-UP<br>INSURANCE |
|----------------|---------------------|---------------|----------------------|
| 1              | 7,000               | 946.61        | 2,170                |
| 2              | 7,175               | 2,436.84      | 5,411                |
| 3              | 7,354               | 4,005.61      | 7,539                |
| 4              | 7,538               | 4,143.02      | PAID-UP              |
| 5              | 7,727               | 4,281.48      | PAID-UP              |
| 6              | 7,920               | 4,420.64      | PAID-UP              |
| 7              | 8,118               | 4,560.15      | PAID-UP              |
| 8              | 8,321               | 4,699.66      | PAID-UP              |
| 9              | 8,529               | 4,838.89      | PAID-UP              |
| 10             | 8,742               | 4,976.72      | PAID-UP              |
| 11             | 8,742               | 5,116.72      | PAID-UP              |
| 12             | 8,742               | 5,257.98      | PAID-UP              |
| 13             | 8,742               | 5,399.45      | PAID-UP              |
| 14             | 8,742               | 5,540.01      | PAID-UP              |
| 15             | 8,742               | 5,678.89      | PAID-UP              |
| 16             | 8,742               | 5,815.74      | PAID-UP              |
| 17             | 8,742               | 5,950.56      | PAID-UP              |
| 18             | 8,742               | 6,083.56      | PAID-UP              |
| 19             | 8,742               | 6,215.02      | PAID-UP              |
| 20             | 8,742               | 6,344.73      | PAID-UP              |
| 21             | 8,742               | 6,472.06      | PAID-UP              |
| 22             | 8,742               | 6,596.31      | PAID-UP              |
| 23             | 8,742               | 6,716.43      | PAID-UP              |
| 24             | 8,742               | 6,831.65      | PAID-UP              |
| 25             | 8,742               | 6,941.69      | PAID-UP              |

Initial amount of paid-up insurance. Coverage increases as described under option 1 of the default options provision. Subsequent coverage increases may be approved by The Company Board of Directors.

BENEFITS AND PREMIUMS

| INITIAL AMOUNT<br>AND BENEFIT | ANNUAL<br>PREMIUM | PREMIUM<br>PERIOD |
|-------------------------------|-------------------|-------------------|
| \$7,000 LIFE INSURANCE        | \$1,833.72        | 5 YEARS           |

A Policy fee of \$50.00 is included in the annual premium.

GUARANTEED NONFORFEITURE VALUES:

|                  |   |
|------------------|---|
| Interest Rate:   | 4.5%  |
| Mortality Table: | 1980 CSO ALB Sex-Distinct                   |
| Values Method:   | Minimum Values - Standard Nonforfeiture Law |

|                              |                |         |
|------------------------------|----------------|---------|
| Insured: SALLY SMITH         | Policy Number: | 702156  |
| Initial Face Amount: \$7,000 | Issue Age:     | 60      |
| Premium Class: STANDARD      | Policy Date:   | 4/20/12 |
| Annual Premium: \$1,833.72   | Date of Issue: | 4/20/12 |

# TABLE OF POLICY VALUES

| POLICY<br>YEAR | INSURANCE<br>AMOUNT | CASH<br>VALUE | PAID-UP<br>INSURANCE |
|----------------|---------------------|---------------|----------------------|
| 1              | 7,000               | 391.23        | 903                  |
| 2              | 7,175               | 1,294.58      | 2,877                |
| 3              | 7,354               | 2,241.82      | 4,830                |
| 4              | 7,538               | 3,236.10      | 6,762                |
| 5              | 7,727               | 4,281.48      | 7,924                |
| 6              | 7,920               | 4,420.64      | PAID-UP              |
| 7              | 8,118               | 4,560.15      | PAID-UP              |
| 8              | 8,321               | 4,699.66      | PAID-UP              |
| 9              | 8,529               | 4,838.89      | PAID-UP              |
| 10             | 8,742               | 4,976.72      | PAID-UP              |
| 11             | 8,742               | 5,116.72      | PAID-UP              |
| 12             | 8,742               | 5,257.98      | PAID-UP              |
| 13             | 8,742               | 5,399.45      | PAID-UP              |
| 14             | 8,742               | 5,540.01      | PAID-UP              |
| 15             | 8,742               | 5,678.89      | PAID-UP              |
| 16             | 8,742               | 5,815.74      | PAID-UP              |
| 17             | 8,742               | 5,950.56      | PAID-UP              |
| 18             | 8,742               | 6,083.56      | PAID-UP              |
| 19             | 8,742               | 6,215.02      | PAID-UP              |
| 20             | 8,742               | 6,344.73      | PAID-UP              |
| 21             | 8,742               | 6,472.06      | PAID-UP              |
| 22             | 8,742               | 6,596.31      | PAID-UP              |
| 23             | 8,742               | 6,716.43      | PAID-UP              |
| 24             | 8,742               | 6,831.65      | PAID-UP              |
| 25             | 8,742               | 6,941.69      | PAID-UP              |

Initial amount of paid-up insurance. Coverage increases as described under option 1 of the default options provision. Subsequent coverage increases may be approved by The Company Board of Directors.

# BENEFITS AND PREMIUMS

| INITIAL AMOUNT<br>AND BENEFIT | ANNUAL<br>PREMIUM | PREMIUM<br>PERIOD |
|-------------------------------|-------------------|-------------------|
| \$7,000 LIFE INSURANCE        | \$1,569.96        | 7 YEARS           |

A Policy fee of \$50.00 is included in the annual premium.

## GUARANTEED NONFORFEITURE VALUES:

|                  |   |
|------------------|---|
| Interest Rate:   | 4.5%  |
| Mortality Table: | 1980 CSO ALB Sex-Distinct                   |
| Values Method:   | Minimum Values - Standard Nonforfeiture Law |

|                              |                |         |
|------------------------------|----------------|---------|
| Insured: SALLY SMITH         | Policy Number: | 702120  |
| Initial Face Amount: \$7,000 | Issue Age:     | 60      |
| Premium Class: STANDARD      | Policy Date:   | 4/20/12 |
| Annual Premium: \$1,569.96   | Date of Issue: | 4/20/12 |

# TABLE OF POLICY VALUES

| POLICY<br>YEAR | INSURANCE<br>AMOUNT | CASH<br>VALUE | PAID-UP<br>INSURANCE |
|----------------|---------------------|---------------|----------------------|
| 1              | 7,000               | 155.40        | 357                  |
| 2              | 7,175               | 809.55        | 1,799                |
| 3              | 7,354               | 1,492.82      | 3,220                |
| 4              | 7,538               | 2,206.89      | 4,613                |
| 5              | 7,727               | 2,954.00      | 5,992                |
| 6              | 7,920               | 3,737.23      | 7,357                |
| 7              | 8,118               | 4,560.15      | 8,323                |
| 8              | 8,321               | 4,699.66      | PAID-UP              |
| 9              | 8,529               | 4,838.89      | PAID-UP              |
| 10             | 8,742               | 4,976.72      | PAID-UP              |
| 11             | 8,742               | 5,116.72      | PAID-UP              |
| 12             | 8,742               | 5,257.98      | PAID-UP              |
| 13             | 8,742               | 5,399.45      | PAID-UP              |
| 14             | 8,742               | 5,540.01      | PAID-UP              |
| 15             | 8,742               | 5,678.89      | PAID-UP              |
| 16             | 8,742               | 5,815.74      | PAID-UP              |
| 17             | 8,742               | 5,950.56      | PAID-UP              |
| 18             | 8,742               | 6,083.56      | PAID-UP              |
| 19             | 8,742               | 6,215.02      | PAID-UP              |
| 20             | 8,742               | 6,344.73      | PAID-UP              |
| 21             | 8,742               | 6,472.06      | PAID-UP              |
| 22             | 8,742               | 6,596.31      | PAID-UP              |
| 23             | 8,742               | 6,716.43      | PAID-UP              |
| 24             | 8,742               | 6,831.65      | PAID-UP              |
| 25             | 8,742               | 6,941.69      | PAID-UP              |

Initial amount of paid-up insurance. Coverage increases as described under option 1 of the default options provision. Subsequent coverage increases may be approved by The Company Board of Directors.

# BENEFITS AND PREMIUMS

| INITIAL AMOUNT<br>AND BENEFIT | ANNUAL<br>PREMIUM | PREMIUM<br>PERIOD |
|-------------------------------|-------------------|-------------------|
| \$7,000 LIFE INSURANCE        | \$7,000.00        | SINGLE PAY        |

## GUARANTEED NONFORFEITURE VALUES:

|                  |   |
|------------------|---|
| Interest Rate:   | 4.5%  |
| Mortality Table: | 1980 CSO ALB Sex-Distinct                   |
| Values Method:   | Minimum Values - Standard Nonforfeiture Law |

|                              |                |         |
|------------------------------|----------------|---------|
| Insured: SALLY SMITH         | Policy Number: | 702523  |
| Initial Face Amount: \$7,000 | Issue Age:     | 60      |
| Premium Class: STANDARD      | Policy Date:   | 4/20/12 |
| Annual Premium: \$7,000.00   | Date of Issue: | 4/20/12 |

# TABLE OF POLICY VALUES

| POLICY<br>YEAR | INSURANCE<br>AMOUNT | CASH<br>VALUE | PAID-UP<br>INSURANCE |
|----------------|---------------------|---------------|----------------------|
| 1              | 7,000               | 3,442.25      | PAID-UP              |
| 2              | 7,175               | 3,576.44      | PAID-UP              |
| 3              | 7,354               | 3,713.43      | PAID-UP              |
| 4              | 7,538               | 3,852.59      | PAID-UP              |
| 5              | 7,727               | 3,993.22      | PAID-UP              |
| 6              | 7,920               | 4,135.04      | PAID-UP              |
| 7              | 8,118               | 4,277.63      | PAID-UP              |
| 8              | 8,321               | 4,420.78      | PAID-UP              |
| 9              | 8,529               | 4,564.14      | PAID-UP              |
| 10             | 8,742               | 4,706.73      | PAID-UP              |
| 11             | 8,742               | 4,851.91      | PAID-UP              |
| 12             | 8,742               | 4,998.98      | PAID-UP              |
| 13             | 8,742               | 5,146.54      | PAID-UP              |
| 14             | 8,742               | 5,293.54      | PAID-UP              |
| 15             | 8,742               | 5,439.21      | PAID-UP              |
| 16             | 8,742               | 5,582.99      | PAID-UP              |
| 17             | 8,742               | 5,725.02      | PAID-UP              |
| 18             | 8,742               | 5,865.51      | PAID-UP              |
| 19             | 8,742               | 6,004.60      | PAID-UP              |
| 20             | 8,742               | 6,142.15      | PAID-UP              |
| 21             | 8,742               | 6,277.60      | PAID-UP              |
| 22             | 8,742               | 6,409.97      | PAID-UP              |
| 23             | 8,742               | 6,538.14      | PAID-UP              |
| 24             | 8,742               | 6,661.34      | PAID-UP              |
| 25             | 8,742               | 6,779.29      | PAID-UP              |

Policy is paid-up at issue. Coverage increases as shown under insurance amount. Subsequent increases may be approved by The Company Board of Directors.

# BENEFITS AND PREMIUMS

| INITIAL AMOUNT<br>AND BENEFIT | ANNUAL<br>PREMIUM | PREMIUM<br>PERIOD |
|-------------------------------|-------------------|-------------------|
| \$7,000 LIFE INSURANCE        | \$1,202.04        | 10 YEARS          |

A Policy fee of \$50.00 is included in the annual premium.

## GUARANTEED NONFORFEITURE VALUES:

|                  |   |
|------------------|---|
| Interest Rate:   | 4.5%  |
| Mortality Table: | 1980 CSO ALB Sex-Distinct                   |
| Values Method:   | Minimum Values - Standard Nonforfeiture Law |

|                              |                |         |
|------------------------------|----------------|---------|
| Insured: SALLY SMITH         | Policy Number: | 702156  |
| Initial Face Amount: \$7,000 | Issue Age:     | 60      |
| Premium Class: STANDARD      | Policy Date:   | 4/20/12 |
| Annual Premium: \$1,202.04   | Date of Issue: | 4/20/12 |



TABLE OF POLICY VALUES

| POLICY<br>YEAR | INSURANCE<br>AMOUNT | CASH<br>VALUE | PAID-UP<br>INSURANCE |
|----------------|---------------------|---------------|----------------------|
| 1              | 7,000               | .00           | 0                    |
| 2              | 7,175               | 452.20        | 1,008                |
| 3              | 7,354               | 941.01        | 2,030                |
| 4              | 7,538               | 1,448.65      | 3,031                |
| 5              | 7,727               | 1,975.96      | 4,011                |
| 6              | 7,920               | 2,524.55      | 4,970                |
| 7              | 8,118               | 3,096.45      | 5,922                |
| 8              | 8,321               | 3,694.11      | 6,867                |
| 9              | 8,529               | 4,320.05      | 7,805                |
| 10             | 8,742               | 4,976.72      | 8,743                |
| 11             | 8,742               | 5,116.72      | PAID-UP              |
| 12             | 8,742               | 5,257.98      | PAID-UP              |
| 13             | 8,742               | 5,399.45      | PAID-UP              |
| 14             | 8,742               | 5,540.01      | PAID-UP              |
| 15             | 8,742               | 5,678.89      | PAID-UP              |
| 16             | 8,742               | 5,815.74      | PAID-UP              |
| 17             | 8,742               | 5,950.56      | PAID-UP              |
| 18             | 8,742               | 6,083.56      | PAID-UP              |
| 19             | 8,742               | 6,215.02      | PAID-UP              |
| 20             | 8,742               | 6,344.73      | PAID-UP              |
| 21             | 8,742               | 6,472.06      | PAID-UP              |
| 22             | 8,742               | 6,596.31      | PAID-UP              |
| 23             | 8,742               | 6,716.43      | PAID-UP              |
| 24             | 8,742               | 6,831.65      | PAID-UP              |
| 25             | 8,742               | 6,941.69      | PAID-UP              |

Initial amount of paid-up insurance. Coverage increases as described under option 1 of the default options provision. Subsequent coverage increases may be approved by The Company Board of Directors.

|                                    |                        |     |        |        |                |           |     |                            |              |
|------------------------------------|------------------------|-----|--------|--------|----------------|-----------|-----|----------------------------|--------------|
| 1. FULL NAME OF PROPOSED INSURED   | Social Security Number | Sex | Height | Weight | State of Birth | Birthdate | Age | Requested Insurance Amount | Mode Premium |
| First, Middle, Last (Please Print) |                        |     |        |        |                | Mo Day Yr |     |                            |              |
|                                    |                        |     |        |        |                |           |     |                            |              |

|   |   |
|---|---|
| 2. Occupation_____<br>Are you actively employed? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Place of Employment_____ | 3. Residence Address (No. & St., City, State, Zip Code)<br>_____<br>_____ |
|---|---|

|   |   |   |  |   |
|---|---|---|--|---|
| 4. Plan of insurance                      | <input type="checkbox"/> Single Premium<br><input type="checkbox"/> 3-Pay<br><input type="checkbox"/> 5-Pay | <input type="checkbox"/> 7-Pay<br><input type="checkbox"/> 10-Pay | <b>Graded Death Benefit</b><br><input type="checkbox"/> 3-Pay <input type="checkbox"/> 7-Pay<br><input type="checkbox"/> 5-Pay <input type="checkbox"/> 10-Pay | <input type="checkbox"/> Annuity<br>____years |
| <b>INCREASING FACE Limited Pay Policy</b> |   |   |  |   |

|  |  |
|--|--|
| 5. Premium Period Selected <input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Bank Deduction <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Monthly Direct | 6. Amount tendered for first premium \$_____ |
|--|--|

|   |           |                         |                        |           |                         |
|---|-----------|-------------------------|------------------------|-----------|-------------------------|
| 7. BENEFICIARIES (Print full name and relationship to Proposed Insured) |           |                         |                        |           |                         |
| Primary Beneficiary   | Full Name | Relationship To Insured | Contingent Beneficiary | Full Name | Relationship To Insured |
|   |           |                         |                        |           |                         |

THE FOLLOWING HEALTH QUESTIONS NEED NOT BE ANSWERED IF APPLYING FOR AN ANNUITY

|   |                          |                          |
|---|--------------------------|--------------------------|
| 8. In the past ten (10) years, has the proposed insured:  | Yes                      | No                       |
| a. been hospitalized, home confined or in a nursing facility? If yes, please explain.   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ever had any symptoms of or been afflicted with diabetes, cancer, or any disorder of the blood, heart, kidney, lung, brain or circulatory system? If yes, explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ever had symptoms of or been afflicted with any serious illness or injury not mentioned above?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. ever been declined, postponed or offered a policy other than as applied for?   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. used intravenous drugs, cocaine, barbiturates, hallucinogens, sought advice or treatment for alcohol or drug use?  | <input type="checkbox"/> | <input type="checkbox"/> |
| _____   |                          |                          |
| _____   |                          |                          |
| f. ever had or been told you had Acquired Immune Deficiency Syndrome (AIDS), Aids-related Complex (ARC) or had a positive test for antibodies to AIDS?                | <input type="checkbox"/> | <input type="checkbox"/> |
| _____   |                          |                          |
| _____   |                          |                          |
| 9. Will the insurance replace any existing insurance?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Name and address of usual medical advisor? _____  |                          |                          |
| Date and reason of last visit? _____  |                          |                          |
| List current medication prescriptions _____   |                          |                          |
| _____   |                          |                          |
| _____   |                          |                          |
| _____   |                          |                          |

If any question above is answered “Yes”, give full details as to dates, names of physicians and hospitals, illness or injury and results in the space provided below. Use back of application, if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I DECLARE that all answers to the questions above and the appropriate details are complete, true and accurately recorded. I understand and agree that no one has authority to permit me to withhold information or to answer any question falsely and that any policy which may be issued by the Company on this Application shall be accepted subject to its terms. I expressly authorize any physician, hospital or the Medical Information Bureau (MIB), or consumer reporting agency to disclose any information acquired by examination or treatment of me or any member of my family. A copy of this authorization shall be as valid as the original. I expressly waive all statutory rights governing such disclosure. I understand and agree that no insurance coverage shall be effective until this Application is approved by the Company, the first full premium is paid, and the policy is delivered during the continued good health of the Proposed Insured. I acknowledge receipt of (1) “Notice Of Information Practices” required by Public Law 91-508 and other information practices statutes and (2) MIB Pre-Notice.

(Notice: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison).

|   |                                 |   |
|---|---------------------------------|---|
| Signed at _____ State of _____, this _____ day of _____ 20____          |                                 |   |
| _____<br>Signature of Agent   |                                 | _____<br>Signature of Proposed Insured (if age 16 or over)                    |
| _____<br>Owner (Print Name)   | _____<br>Social Security Number | _____<br>Signature of Owner and Relationship (If other than Proposed Insured) |
| Form No. A-107 04/2012 Owner’s Address (Street, City, State & Zip Code) |                                 |   |
| _____   |                                 |   |

SERFF Tracking Number: EWLE-128322484 State: Arkansas

Filing Company: American Home Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Revised Schedule Pagtes

Project Name/Number: /

## Supporting Document Schedules

**Item Status:** **Status Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment:**  
Readability Certification 001.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Application

**Comments:**  
Application has been submitted under Forms Tab.

**Item Status:** **Status Date:**

**Satisfied - Item:** Life & Annuity - Acturial Memo

**Comments:**

**Attachments:**  
1007.201202Form208-2-10IDBSOMSent04.18.12.pdf  
1007.201202Form209-1-12IDBGradedSOMSent04.18.12.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Authorization to file

**Comments:**

**Attachment:**  
AHLICAuthorization.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Submission Letter

*SERFF Tracking Number:*      *EWLE-128322484*      *State:*      *Arkansas*  
*Filing Company:*      *American Home Life Insurance Company*      *State Tracking Number:*  
*Company Tracking Number:*  
*TOI:*      *L071 Individual Life - Whole*      *Sub-TOI:*      *L071.101 Fixed/Indeterminate Premium - Single Life*  
*Product Name:*      *Revised Schedule Pagtes*  
*Project Name/Number:*      */*

**Comments:**

**Attachment:**

Submission Letter.pdf

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:**      Arkansas Compliance Certification

**Comments:**

**Attachment:**

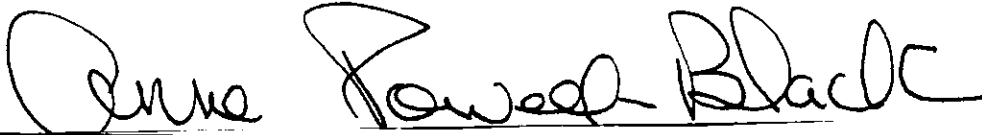
AR compliance certification 001.pdf

## Readability Certification

Insurance Company: American Home Life Insurance Company

| <u>Form Number</u>   | <u>Description of Form</u>                          | <u>Score</u>       |
|----------------------|---|--------------------|
| 209-1-12 (REV 04/12) | Revised Schedule Pages to Form 209-1-12 (REV 04/12) | Scored with Policy |
| 208-2-10 (REV 04/12) | Revised Schedule Pages to Form 208-2-10 (REV 04/12) | Scored with Policy |
| A-107 04/2012        | Application   | Scored with Policy |

I hereby certify that the above referenced form complies with the readability requirements of this State.



\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Anne Powell Black

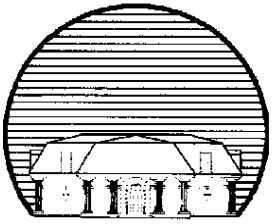
\_\_\_\_\_  
Name

\_\_\_\_\_  
President

\_\_\_\_\_  
Title

\_\_\_\_\_  
May 1, 2012

\_\_\_\_\_  
Date



## American Home Life Insurance Company

May 14, 2010

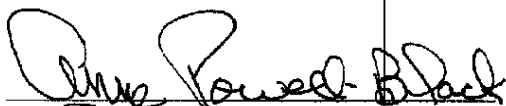
Re: Filing Authorization  
Lewis & Ellis, Inc.  
PO Box 851857  
Richardson, TX 75085

To Whom It May Concern:

I hereby authorize Lewis & Ellis, Inc. (L&E) and any authorized representatives of L&E to submit state filings of insurance forms/rates/products on behalf of American Home Life Insurance Company.

This authorization includes the power to provide necessary assurances and certifications related to such forms, rates and or products except as prohibited by law.

This authorization is to be effective until revoked in writing by an authorized representative of American Home Life Insurance Company.

  
President

**Dallas**

Glenn A. Tobleman, F.S.A., F.C.A.S.  
 S. Scott Gibson, F.S.A.  
 Cabe W. Chadick, F.S.A.  
 Michael A. Mayberry, F.S.A.  
 Steven D. Bryson, F.S.A.  
 Gregory S. Wilson, F.C.A.S.  
 David M. Dillon, F.S.A.  
 Bonnie S. Albritton, F.S.A.  
 Brian D. Rankin, F.S.A.  
 Sarah A. Hoover, F.S.A.  
 Wesley R. Campbell, F.S.A.  
 Jacqueline B. Lee, F.S.A.  
 Robert E. Gove, A.S.A.  
 J. Finn Knox-Seith, A.S.A.  
 Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)

**Kansas City**

Gary L. Rose, F.S.A.  
 Terry M. Long, F.S.A.  
 David L. Batchelder, A.S.A.  
 Leon L. Langlitz, F.S.A.  
 Gary R. McElwain, FLMI  
 Christopher H. Davis, F.S.A.  
 Thomas L. Handley, F.S.A.  
 Anthony G. Proulx, F.S.A.  
 Karen E. Elsom, F.S.A.  
 Jill J. Humes, F.S.A.

**London / Kansas City**

Roger K. Annin, F.S.A.  
 Timothy A. DeMars, F.S.A.  
 Scott E. Morrow, F.S.A.

May 1, 2012

Arkansas Department of Insurance

RE: American Home Life Insurance Company NAIC # 83860  
 209-1-12 (REV 04/12) Revised Schedule Pages  
 208-2-10 (REV 04/12) Revised Schedule Pages  
 A-107 04/2012 Application

Dear Sir or Madam:

This filing is being submitted on behalf of American Home Life Insurance Company. The above referenced forms are submitted for your review and approval. These forms are new and are not intended to replace any previously approved forms.

Form 209-1-12 (REV 04/12) are revised schedule pages to be used with Policy Form 209-1-12, approved by your office on January 3, 2012, SERFF Tracking number EWLE 127898298. There are 4 sets of schedule pages (page 3 and 4) – one set for a 3 year premium payment period, one set for a 5 year premium payment period, one set for a 7 year premium payment period and one set for a 10 year premium payment period. The 4 sets of schedules are being submitted via SERFF under separate documents.

Form 208-2-10 (REV 04/12) are revised schedule pages to be used with Policy Form 208-2-10, approved by your office on June 22, 2010, SERFF Tracking number TAPK 126685413. There are 5 sets of schedule pages (page 3 and 4) – one set for a single premium, one set for a 3 year premium payment period, one set for a 5 year premium payment period, one set for a 7 year premium payment period and one set for a 10 year premium payment period. The 5 sets of schedules are being submitted via SERFF under separate documents.

Form ARK-NOT, the required complaint notice approved by your office on June 22, 2010 will be attached to the referenced approved policies with these revised schedule pages when approved.

Form A-107 04/2012 is an application to be used with the following forms previously approved by your office as indicated below:

| Form Number | Form Description                     | Approval Date   |
|-------------|--------------------------------------|-----------------|
| 208-2-10    | Increasing Death Benefit Life Policy | June 22, 2010   |
| 209-1-12    | Graded Benefit Life Policy           | January 3, 2012 |
| FA 100-3-08 | Annuity                              | April 9, 2008   |

Should you have any questions or need additional information, please do not hesitate to call me at (972) 398-3733.

Sincerely,

A handwritten signature in cursive script that reads 'Suzanne Heasley'.

Suzanne Heasley, FLMI, CLU  
 Legal Assistant and Compliance Specialist

## Compliance Certification

Insurance Company: American Home Life Insurance Company

**Form Number**

209-1-12 (REV 04/12)

208-2-10 (REV 04/12)

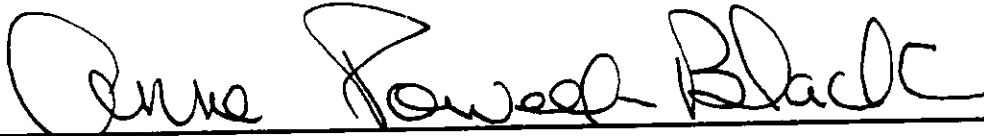
**Description of Form**

Revised Schedule Pages to Form 209-1-12

Revised Schedule Pages to Form 208-2-10

I hereby certify that in connection with the above referenced forms, American Home Life Insurance Company will comply with the requirements of:

Rule & Regulation 19 pertaining to Unfair Sex Discrimination;  
Rule & Regulation 49 pertaining to Guaranty Association Notices



Authorized Signature

Anne Powell Black

Name

President

Title

May 1, 2012

Date